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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	OC01626K
First Named Inventor	Kamil Paruch
COMPLETE IF KNOWN	
Application Number	/
Filing Date	09/19/2003
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL IMIDAZOPYRAZINES AS CYCLIN DEPENDENT KINASE INHIBITORS

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/412,906	09/23/2002	<input type="checkbox"/>

[Page 1 of 2]

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Date 09/19/2003

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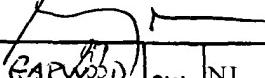
DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, Insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)	
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number <input type="text" value="24265"/> → <input type="checkbox"/> Place Customer Number Bar Code Label here OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below			
Name	Registration Number	Name	Registration Number
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.			

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label <input type="text" value="24265"/> OR <input type="checkbox"/> Correspondence address below				
Name	Palaiyur S. Kalyanaraman Reg. No. 34,634			
Address				
Address				
City	State	ZIP		
Country	Telephone	(908) 298-5068	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle if any): Kamil		Family Name or Surname: Paruch	
Inventor's Signature			Date <input type="text" value="09/11/23"/>
Residence: City	Cranford 	State <input type="text" value="NJ"/>	Country <input type="text" value="USA"/>
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Post Office Address			
City	<input type="text" value="GARWOOD"/> 	State <input type="text" value="NJ"/>	ZIP <input type="text" value="07016-0727"/>
Country <input type="text" value="USA"/>			
<input checked="" type="checkbox"/> Additional inventors are being named on the <input type="text" value="2"/> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto			

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PTO/SB/02A (11-00)

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Timothy J.		GUZI	
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Residence: City Chatham	State NJ	Country USA	Citizenship USA
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Mailing Address			
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Michael P.		Dwyer	
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Mailing Address			
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Ronald J.	Doll		
Inventor's Signature	<u>Ronald J. Doll</u>		Date <u>9-11-03</u>
Residence: City Convent Station	State NJ	Country USA	Citizenship USA
Mailing Address 8 Concord Lane			
Mailing Address			
City Convent Station	State NJ	ZIP 07960	Country USA

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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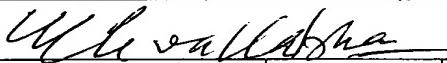
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Viyyoor M.		Girijavallabhan	
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Mailing Address			
City Parsippany	State NJ	ZIP 07054	Country USA
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Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
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